

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90034 034 ***150.00



DOCUMENT # P96000023455

1. Entity Name
EXCELIS, INC.

Principal Place of Business
**8435 STEMMONS FREEWAY
DALLAS TX 75247-3907
US**

Mailing Address
**1 FIRST AMERICAN WAY
SANTA ANA CA 92707**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3371395**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, PARKER S	
STREET ADDRESS	114 FIFTH STREET	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, JOHN W	
STREET ADDRESS	150 SECOND AVENUE NORTH SUITE 1600	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZINDA, CRAIG J	
STREET ADDRESS	150 SECOND AVENUE NORTH SUITE 1600	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABIDE, RAYMOND G JR	
STREET ADDRESS	8435 STEMMONS FREEWAY	
CITY-ST-ZIP	DALLAS TX 75247-3907	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANDO, BARRY M	
STREET ADDRESS	8435 STEMMONS FREEWAY	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COLLINS, KATHLEEN M	
STREET ADDRESS	1 FIRST AMERICAN WAY	
CITY-ST-ZIP	SANTA ANA CA 92707	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen M. Collins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2003

Date

(800) 854-3643

Daytime Phone #

CR2E034 (10/02)